

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>WELL API NO. 30-015-44509</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator OXY USA INC.</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710</p>		<p>7. Lease Name or Unit Agreement Name Corral Fly 02-01 State</p>
<p>4. Well Location Unit Letter <u>D</u> : <u>1300</u> feet from the <u>NORTH</u> line and <u>120</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>25S</u> Range <u>29E</u> NMPM County <u>EDDY</u></p>		<p>8. Well Number 23H</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2996' GR</p>		<p>9. OGRID Number 16696</p>
<p>10. Pool name or Wildcat Pierce Crossing Bone Spring, East</p>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/></p>	
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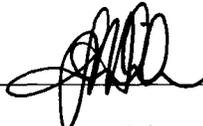
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud 17-1/2" hole 12/13/17, drill to 416' 12/14/17. RIH & set 13-3/8" 54.5# J-55 csg @ 416', pump 20BFW spacer then cmt w/ 535sx (129bbl) PPC w/ additives 14.8ppg 1.35 yield, full returns throughout job, circ 245sx (59bbl) cmt to surface, report cmt results to NMOCD Rep. Gilbert Cordero, WOC. 12/14/17 Install wellhead, test to 900#, good test, RD.

Spud Date: 12/13/17

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Regulatory Coordinator DATE 12/22/17

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only

APPROVED BY:  TITLE Staff DATE 1-3-18
Conditions of Approval (if any):